TOWN OF CHATHAM Sewer Department Application for Connection to Sewer System

Amount Paid:	
Check No.:	
Year:	
Permit Number:	

Property Information		
Address:		Office Use Only
	·	Estimated Wastewater
		Flow Calculation: gpd
Vacant Lot:	Lot Area Square Footage (SF):	
(as	s defined in Board of Health Nitrogen Loading Regulat	ion) Bedroom Count Verified by Health Division:
Residential:	Existing Number of Bedrooms:	YES NO
Commercial:	Existing Retail space (SF):	
	Existing Office space (SF):	
	Other:	(provide Title 5 "System Sewage Flow Design Criteria
		category", 310 CMR 15.203)
Mixed:	Existing Number of Bedrooms:	Existing Retail space (SF):
	G	Existing Office space (SF):
		Other:
· ·	rty Owner (Mailing Address)	Licensed Utility Installer
Name:		Name:
Address:		Address:
Phone:		Phone:
Applicant (i	if different from Property Owner)	Applications Must be accompained by:
Name:		1. Two (2) sets of engineered plans showing the lot and buildings to be served
Address:		and the layout, locations and depths, or elevations, of existing piping and
		underground structures and the proposed sewer piping and other appurtenant structures (manholes, clean-outs, grease traps, etc. as
Phone:		applicable).
		2. Two (2) sets of existing, and proposed if applicable, floor plans with
		dimensions.
		3. An application fee of \$100.00.
	ACKNOWLEDGEMENT (To be co	impleted by applicant or applicant's agent)
1. The undersigned	agrees to pay all costs related to the connectio	n of the building to the stub or sewer main.
		ons and ordinances relating to pumping, sewers, and sewer use now in force, or
· · ·		and that no modifications or extensions of the service piping may be
performed without	prior approval of the Department.	
-	further agrees to provide access, at all reasona tain the building sewer at no expense to the tow	ble hours, for the purpose of inspection by authorized agents of the Town vn.
Signature:		Date:
Technically App	proved By:	Date:
Permited Grant	ted By: Manager	Date: